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7590 10/07/2005

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01/04/2006 KBETEMA2 00000055 10018455

01 FC:2501
02 FC:8001

700.00 op

APPLICATION NO. FILING DATE 10/07/2005

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/018,455

03/29/2002

Klaus Beck

2101.GLE.PT

2537

TITLE OF INVENTION: SCREW CONNECTION FOR HINGE PARTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<i>No Yes</i>	\$1400	\$0	\$1400	01/09/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BRITTAINE, JAMES R	3677	016-228000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		<i>MORRISS</i> <i>O'BRYANT</i> <i>COMPAGNI</i>			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)					

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OBE Ohnmacht & Baumgärtner GmbH & Co. KG

INSPRINGEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
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 Advance Order - # of Copies 10

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0881 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Julie K. Morriss

Date December 30, 2005

Typed or printed name Julie K. Morriss

Registration No. 33,263

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